PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w... applicable fee(s), to: Mail

Mail Stop ISSU

FEE

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

(571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used to correspondence including defense or directed others.	for tranger the nerwise	smitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and PUBLICAT rders and notification of rand specifying a new corresponding to the second specifical results.	ION FEE (if requi maintenance fees was pondence address;	ired). E vill be a and/or	Blocks I through 5 sl mailed to the current (b) indicating a sepa	hould be completed where correspondence address a trate "FEE ADDRESS" for	
	ENCE ADDRESS (Note: Use B	ock I for		Fee	(s) Transmittal. Thi	is certif	icate cannot be used for	r domestic mailings of the or any other accompanying nt or formal drawing, must	
P.O. BOX 14300	L PROPERTY GR)		MAR 3 0 2007 State	Certificate of Mailing or Transmission Certificate of Mailing or Transmission hereby certify that this Fee(s) Transmittal is being deposited with the United tates Postal Service with sufficient postage for first class mail in an envelope ddressed to the Mail Stop ISSUE FEE address above, or being facsimile ransmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)					
WASHINGTON	, DC 20044-4300	/	TO TRADEMARY OF L				(Depositor's name)		
								(Signature)	
		•						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/792,283	03/04/2004			Michael Kaufman			100940.53288US 3140		
TITLE OF INVENTION	SCISSOR LIFT MECH	IANIS	M					· •	
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$700	\$300	\$0		\$1000	05/29/2007	
EXAMINER			ART UNIT	CLASS-SUBCLASS					
MATTHEWS, TERRELL HOWARD 3654				187-262000	-				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
				THE PATENT (print or type					
recordation as set forth	in 37 CFR 3.11. Comp	fied be letion	clow, no assignee of this form is NO	I a substitute for filing an	assignment.			cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								•	
Pro Hub Hebetechnik GmbH Diepenau, Germany Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
Please check the appropri	ate assignee category or	catego	ries (will not be pr	inted on the patent):	Individual \(\omega\) Co	rporatio	on or other private grou	ip entity U Government	
A. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies5				 B. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-1323 (enclose an extra copy of this form). 					
. Change in Entity Stat	us (from status indicated	i above)						
• •	SMALL ENTITY statu			b. Applicant is no long	<u> </u>				
NOTE: The Issue Fee and naterest as shown by the re	Publication Fee (if requeecords of the United Spa	ured) v tes Pate	vill not be accepted ent and Trademark	Office.				e assignee or other party in	
Authorized Signature			_				RZI2 00000004 10 March 30, 200	. 7	
Typed or printed name J.D. Evans					Date 1 FC:25 92 FC:15 Regingraposes	94	26,269	700.00 OP 300.00 OP 	
n application Confidenti	alify is governed by 35	$_{\rm HSC}$	122 and 37 CFR	on is required to obtain or re 1.14. This collection is est depending upon the indiv c Chief Information Office COMPLETED FORMS TO	imated to take 12 n	unutes	to complete, including	by the USPTO to process), gathering, preparing, and the you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.